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•
(Requestor's Name)
(Address)
(22 222)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cod/Code of Change
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2016 JUL 17 PM 2: 57

15,25,18



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: July 13, 2018

Order#: 289257-012

Re: APEXONE-COLLIER TUSCANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability cor	npany: APEXONE-C	OLLIER TUSCAL	NY, LLC
7. (a)	2603 Augusta Drive, Suite 4	nn	(b)	
2: (u)	Principal office address of (Note: MUST BE ST	limited liability company:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Houston	T> 77057		
	01/17/2017		M17	700000418
3.	Date of filing/registr	ration in Florida	4.	Document number
5. (a	C T Corporation System			
J. (11	Registered Agent and Registered O	ffice shown on the records	of the Florida Dept. (of State:
	1200 South Pine Island Ro	ad		
	Registered Office Address (MU			
	Plantation		FL 33324	
	·		-	
(b)	Corporation Service Compa	пу		22
	Enter name of NEW Registered A	gent and/or NEW Register	red Office address:	FILED 2018 JUL 17 PH 2:5/ TATLAHASSET TE DENDA
	1201 Hays Street			SS:
	NEW Registered Office Address:			FILE MIT PH ASSETTED
				5: # <u>M</u>
	Tallahassee	. I	FL 32301	7. 07
the ch agent was/w	ange or changes are made, the will be identical. Or, in the ca-	Florida street address se of a Florida limited ve vote of the members	of the registered liability compans of the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	Jul & Gom	<u> </u>	Jill Cilmi, A	Authorized Person
I here	ture of member or authorized repre- by accept the appointment as a ions of all statutes relative to t ligations of my position as reg	registered agent and a	igree to act in thi, te performance o ded for in Chapte	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed that the limited liability company has been